

**Written Testimony to the Appropriations Committee**  
**February 11, 2009**  
**RE. Asian Pacific American Commission**

I am writing in support of funding the Asian Pacific American Commission during this period of budgetary crisis. I am a Clinical Psychologist at the University of Connecticut where I have worked with college students since 1992. During that time, a number of issues have emerged in working with Asian students that I would like to address: these include the trauma of racism; the difficulty in accessing mental health services both from cultural and availability perspectives; and the need to address suicide and suicidality in the younger female population.

Often, Asian students have experienced a history of racism. Many times racism is embedded in what appear to be benevolent stereotypes i.e. the "model minority" where work and education are valued and every Asian is expected to work hard and to succeed. "Average" students experience pressure not only from family but from the culture which expects their success. Many Asian students have attended non-diverse schools and have faced ostracism, bullying, and, at times, violence motivated by racism. All of these experiences and the negative feelings associated with them may recur with trauma or following a similar experience in the college setting.

The Asian community has few mental health resources. Cultural issues such as family honor, shame, and respect for the individual's position in the community and family are commonly misunderstood or ignored. There are few practitioners who are Asian and few non-Asian practitioners who have experience working with Asian youth. Often, Asians must travel some distance to find a clinician who understands Asian cultures.

Asian women have the highest rate of suicide within the 15-24 year-old, female, age group. As early as 5<sup>th</sup> grade, Asian girls may consider suicide. Asians who have come to the U.S. before the age of 12 or who were born here are highly more susceptible to depression than other Asian who came to the U.S. later in life. In most Asian cultures, having a "mental illness" such as depression is considered to bring shame on the family. It is only with reluctance and encouragement that the Asian population will seek treatment even when facing death. Asians "under- utilize" mental health services more than other minorities, in spite of the fact that Asian cultures have some of the highest suicide rates in the world.

In summary, The Asian Pacific American Commission is essential to help address these concerns by making efforts to sensitize society to racial issues, by providing encouragement to individuals seeking mental health services, and by ensuring that culturally competent mental health services are available to those individuals who need them.

Respectfully,

David Henry, Ph.D.